PATENT APPLICATION SERIAL NO.	10.	NO.	SERIAL	NOI	APPLICA	PATENT
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/02/2003 EFLORES 00000028 10608111

01 FC:1001 _02 FC:1201 750.00 OP -84.00 OP

Adjustment date: 10/30/2003 TLUU11 07/02/2003 EFLORES 00000028 1060811 02 FC:1201 -84/00 OP

Repln. Ref: 10/30/2003 TLUU11 0008383000 DAH:061205 Name/Number:10608111 FC: 9204 \$84.00 CR

> PTO-1556 (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

1060 8111

	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
TO	TAL CLAIMO	· · · · · · · · · · · · · · · · · · ·	(Column	1)	(Colui	mn 2)		TYPE [OR	SMALL		
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE	
FOR NUMBER FILED				NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS 3 minus 20=					* 8	2		X\$ 9=		OR	X\$18=	A	
INDEPENDENT CLAIMS 3 =)-		X42=		OR	X84=	J	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	750	
	C				•	OTHER	THAN						
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Çolur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESE	CLAIM		l	+140=		OR	+280=					
					TOTAL			TOTAL					
			ADDIT. FEE		UN	ADDIT. FEE							
Г		(Column 1) CLAIMS		(Colur		(Column 3)	1 1		ADDI-	1 1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=]	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM	L	ן	+140=			+280=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colui		(Column 3)	٦,			1			
AMENDMENT C		REMAINING AFTER AMENDMENT	-	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=			X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 [OR			
*	If the entry in colu	mn 1 is less than t	ne entry in ook	ımn 2 uzu	a "∩" in co	lump 2	Į	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3" ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3"													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													